

# **RICHMOND CSI SCHOLARSHIP FUND FOUNDATION PRESENTS THE ANNUAL NORM F. JACOBS SCHOLARSHIP 2017 STUDENT APPLICATION**

The scholarship program is available to individuals who meet the following criteria:

1. Reside in, or be employed in a construction-related field by a firm based in the localities defined as being within the geographical area of the Richmond Chapter as defined by the Construction Specifications Institute.
2. Be enrolled in an accredited construction related program in an accredited community college, college or university, majoring in the study of architecture, building construction, or a construction-related field of engineering.
3. Have completed a minimum of one full year of a two year program, two full years of a bachelor's degree program, or be enrolled in a master's degree program.

## **APPLICATION SELECTION**

**Applications must be received by *March 15, 2017 at the address below or electronically via e-mail.*** Recipients are selected on the basis of academic performance, community service, extracurricular activities, financial need, responsiveness, ability to follow instructions and a demonstrated interest in a career in the construction related industry. **The immediate family (which includes parents, spouses, descendants, or spouses of descendants) of the directors and officers of the Richmond CSI Scholarship Fund Foundation are not eligible for scholarship consideration.**

## **SCHOLARSHIP AWARD**

The total amount available for this fiscal year is approximately \$2,500.00. The number of scholarships awarded will be dependent on the number of applications received. The scholarship checks will be presented to the recipients' school for the Fall 2017 semester to be used for tuition only.

For additional information, contact:

**President, Richmond Chapter CSI  
Scholarship Fund Foundation  
C/O**

**Richmond CSI Scholarship Foundation  
7723 Rock Creek Road  
Richmond, Virginia 23229  
E-mail: ken@jtsva.com**

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## **APPLICATION SUBMISSION**

Each applicant shall submit an application to the above address by the established deadline for consideration. Applications may be sent by US Mail, Special Delivery, Courier, or electronically in PDF format. An individual may only submit one application per fiscal year.

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# 2017 STUDENT SCHOLARSHIP

Complete all sections of this application and mail to:

**Richmond CSI Scholarship Foundation**

7723 Rock Creek Road

Richmond, Virginia 23229

Or **E-mail: ken@jtsva.com**

**Applications must be received by March 15, 2017.** Type all information or print clearly, using ink. Appearance and completeness of application will be considered during evaluation. Do not use the reverse side of this application form, however additional sheets may be added, if needed.

## I. PERSONAL

A. Name \_\_\_\_\_  
Last First MI

B. Address:  
(1) Home \_\_\_\_\_  
Number & Street City State Zip

C. Student ID Number: \_\_\_\_\_ SSN: \_\_\_\_\_

D. Telephone: (1) Home: \_\_\_\_\_ (2) Cell: \_\_\_\_\_

E. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

F. (1) Marital Status: \_\_\_\_\_ (2) Spouse's Name: \_\_\_\_\_

(3) Spouse's Occupation: \_\_\_\_\_ (4) Spouse's Annual Income: \_\_\_\_\_

(5) Number of Dependents: \_\_\_\_\_

G. If a minor, Parent or Legal Guardian's name: \_\_\_\_\_

H. Address if different from B (1) above: \_\_\_\_\_

I. Is any member of your immediate family (which includes spouses, parents, descendants, or spouses of descendants) a member of the Richmond Chapter CSI Scholarship Fund?

\_\_\_\_\_

## II. SCHOLASTIC INFORMATION

- A. Provide below name and location of high schools, colleges and/or universities you have attended or are currently attending. List most recent first.

School or University	Dates Attended	Major	Latest GPA*	Anticipated or Actual Graduation Date
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\* Latest cumulative GPA

- B. Provide a chronological history of your activities since high school graduation. Include year and type of activity. Add additional sheets if necessary. Use only one side of the extra sheets.

\_\_\_\_\_  
\_\_\_\_\_

- C. List extracurricular activities you participated in while attending school. Indicate offices held, if any. Add additional sheets if necessary. Use only one side of the extra sheets.

1. Student activities: (Clubs, government, Honor Societies, etc.): \_\_\_\_\_

\_\_\_\_\_

2. Community activities (Youth groups, civic organizations, etc.): \_\_\_\_\_

\_\_\_\_\_

3. Athletics: \_\_\_\_\_

\_\_\_\_\_

4. Are you enrolled in a Cooperative Education Program? If so provide your work/class schedule. \_\_\_\_\_

\_\_\_\_\_

5. Other: \_\_\_\_\_

\_\_\_\_\_

- D. Attach a copy of your most recent official transcript.

**ENTRIES WHICH DO NOT INCLUDE A VALID TRANSCRIPT SHALL NOT BE ELIGIBLE FOR SCHOLARSHIP AWARD CONSIDERATION.**

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### III. EMPLOYMENT HISTORY

List below employment (full-time, summer or part-time) for your last two employers. Explain duties and responsibilities (beginning with your most recent job). If part-time indicate number of hours per week. Add additional sheets if necessary. Use only one side of the extra sheets.

1. From \_\_\_\_\_ to \_\_\_\_\_  
                    Month           Year                      Month           Year  
Firm name and type of businesses \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name and position in company \_\_\_\_\_  
Your duties \_\_\_\_\_  
Monthly salary \$ \_\_\_\_\_
  
2. From \_\_\_\_\_ to \_\_\_\_\_  
                    Month           Year                      Month           Year  
Firm name and type of businesses \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name and position in company \_\_\_\_\_  
Your duties \_\_\_\_\_  
Monthly salary \$ \_\_\_\_\_

### IV. FINANCIAL INFORMATION

- A. Parent or Guardian's occupation: \_\_\_\_\_ (if contributing to your education)  
Annual Income \$ \_\_\_\_\_ (if contributing to your education)
  
  - B. What percentage of your college education and living expenses do you personally expect to provide for the next year of school? (excluding parents contribution) \_\_\_\_\_%
  
  - C. Including yourself, how many members of your immediate family will be in college next year? \_\_\_\_\_ Will any of these family members be receiving scholarships or grants? \_\_\_\_\_ If yes, amounts for each person. \$ \_\_\_\_\_  
\_\_\_\_\_
  
  - D. List below your annual estimated college costs:
    1. Tuition \$ \_\_\_\_\_
    2. Living Expenses \$ \_\_\_\_\_
    3. Books \$ \_\_\_\_\_
    4. Miscellaneous (specify) \$ \_\_\_\_\_
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E. Indicate the amount of support from the following sources:

1. Parent support \$ \_\_\_\_\_

2. Summer work \$ \_\_\_\_\_

3. Part-time work \$ \_\_\_\_\_

4. Loans (specify) \$ \_\_\_\_\_

5. Scholarships (specify) \$ \_\_\_\_\_

6. Other sources (specify) \$ \_\_\_\_\_

F. Name, title, address and telephone number of the bursar at your school to which the scholarship check will be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

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## V. ADDITIONAL INFORMATION

Answer the following questions using only the space provided.

1. What has been your most important extracurricular activity (academic organizations, community service, athletics, church, or other), you're most important contribution to it and what has your participation in it meant to you?

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2. Why are you interested in a career in Construction, Architecture or Engineering? What series of events has led you to this decision?

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3. Reference (Faculty Member, Supervisor, or Industry Professional):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Note: Reference noted above shall mail the evaluation sheet or reference letter located at the front of this form directly to this foundation's office.

**I agree that this application and all attachments may be used for the purpose of evaluation and selection for this scholarship.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Miscellaneous**

All applicants will be notified by mail of the results of the scholarship award. Notification will be postmarked on or before June 1, 2017. A check will be mailed to the successful candidates' school in August, prior to the beginning of the school year.

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**EVALUATION SHEET**

**DATE:**      /      /     

**TO BE COMPLETED BY APPLICANT**

Name of student \_\_\_\_\_  
Last
First
MI

**TO BE COMPLETED BY REFERENCE**  
 References may be faculty member, supervisor or industry representative  
 Please complete and mail (postmarked) by **March 15, 2017** directly to:  
 Richmond CSI Scholarship Foundation; 7723 Rock Creek Road, Richmond, VA 23229  
 Or send electronically to ken@jtsva.com

The student indicated above has applied for a scholarship from The Richmond Chapter CSI Scholarship Fund Foundation. Your name has been provided to us as a reference. Your evaluation is an important factor in our review process. You may use a blank sheet of paper for additional remarks. Do not use the reverse side of this application form. As an Evaluator, a letter of reference, may be submitted in lieu of this form.

Name of Evaluator: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Furnish information on the nature and frequency of your contacts and observations of the applicant.

**SOCIAL AND PERSONAL TRAITS**

Please rate each Characteristic listed by checking the appropriate box, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor."

Rating	0	1	2	3	4	5	6	7	8	9	10
Cooperation											
Courtesy											
Timeliness & Completeness of Assignments											
Participation in Extracurricular Activities											
Initiative											
Leadership											
Maturity											
Personal Appearance											

Signature \_\_\_\_\_